

EMPLOYEE ACCOUNTABILITY FORM

Date Info Rec'd _____ Time: _____ ☐ a.m. ☐ p.m.

Form Completed by: _____

Type of Contact with Employee: ☐ Initial (first time impacted employee made contact)
☐ Follow-up (employee has contacted the ERC/EOCC; update)

Employee Impacted by: ☐ Katrina ☐ Rita ☐ Both

- **Employee's Name:** _____
- **Contact Information Provided by:**
 - ☐ Employee
 - ☐ Other _____
Name and phone number of person reporting information on behalf of employee)
- **Employee Contact Information:**
 - Primary number _____ ☐ Cell ☐ LAN Line ☐ Text Messaging
 - Alternate number _____ ☐ Cell ☐ LAN Line ☐ Text Messaging
 - Alternate number _____ ☐ Cell ☐ LAN Line ☐ Text Messaging
 - Personal Email Address: _____
- **Employee's Assigned POD:** _____ ☐ Perm ☐ Temp
(If temporary, what is your perm POD _____)
- **Business Unit:** _____ **Manager's Name:** _____
- **Current Location of Employee** (city/state): _____
Is this your final destination?
☐ Yes ☐ No (If no, where are going) _____
- **Status of Employee & Family Members:**
 - ☐ Safe
 - ☐ Injured (ASK: Do you need medical assistance?) _____
 - ☐ Missing (ASK: Name of missing person) _____
 - ☐ Deceased (ASK: Name of deceased) _____
 - ☐ Other _____
- **Status of Property:** ☐ Okay ☐ Minor Damage ☐ Major Damage
- **Can we contact someone for you?** ☐ Yes _____
(Name, relationship & phone number)
- **Employee needs assistance with:**
 - ☐ Payroll issue/need paycheck
 - ☐ Food/Lodging
 - ☐ Other _____

Email to hurricanerita@irs.gov

OR Fax to 972-308-7080 or 972-308-7098

OR Call the Dallas (972-308-7083) or Nashville (615-250-5545) EOCCs.